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**DH revamps
pharmacy regs
with S60 Order**

**PSNC agrees
to a review of
MUR service**

**PCT debts mar
contract's first
anniversary**

**LPC conference:
funds and MURs
top the debate**



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Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Medical Information, Crookes Healthcare Ltd. (0115 968 8922).

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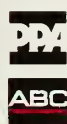
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This week



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Scottish technicians are left out of government plans to reform the regulation of pharmacy throughout Great Britain, and RPSiS director Lyndon Braddick (left) warns that, without regulated technicians, there will be difficulty moving pharmacy forward

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Many more people will receive treatment for lipid lowering under recent new guidelines, says Dr Mike Mead



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DH reveals pharmacy regulation revamp

by Asha Fowells

The government has outlined how it intends to reform the regulation of pharmacists throughout Great Britain, and pharmacy technicians in England and Wales.

The consultation document includes plans to overhaul registration processes, introduce statutory regulation for pharmacy technicians in England and Wales and statutory continuing professional development, and increase the emphasis on, and capacity to address, fitness to practise issues.

The changes described in the *Pharmacists and Pharmacy Technicians Order 2006* will enable the government to revamp and repeal the provisions of the *Pharmacy Act 1954*.

Health minister Jane Kennedy said the proposals would streamline the Society's processes, making them faster and more transparent, and increase public involvement. This approach was recommended by the 2001 Bristol Royal Infirmary Inquiry (*The Kennedy Report*), which said that the public did not know what standards to expect from the NHS.

The consultation is the latest step in a programme of reform

What about technicians in Scotland?



Lyndon Braddick: excluding technicians could make it difficult to move pharmacy forward

Public protection will suffer because technicians north of the border have been excluded from the Order, the Royal Pharmaceutical Society in Scotland has claimed.

RPSiS director Lyndon Braddick warned: "If we don't have regulated technicians in Scotland, there are potential difficulties in moving pharmacy forward, especially in light of the recent *Health Bill*." An appropriate regulatory mechanism had to be found, he said, suggesting that technicians in Scotland could voluntarily join the RPSGB's statutory register for technicians in England and Wales.

However, the Scottish Executive Health Department confirmed that it will make its own arrangements. "We are actively considering the regulation of pharmacy support staff. We will continue to work with other GB countries to ensure consistency as work may take people across professional boundaries," a spokesman said.

started by the RPSGB in 2001. The first outcome of the process was the new Charter, effective from December 2004, that placed greater emphasis on the Society's responsibility to promote and protect public health through regulation and development of pharmacists and associated staff.

RPSGB president Hemant Patel said he was "delighted" that the draft legislation had finally

been published. "The importance of these proposals, which address the modernisation of the Society and the pharmacy profession as well as public protection, cannot be emphasised enough," he said.

The full consultation is available at www.tinyurl.com/kcyor. Email comments on the proposals to P&PTO2006@dh.gsi.gov.uk or sent to Bob Travers, DH, Room 2N35B Quarry House, Quarry

Hill, Leeds LS2 7UE by June 19.

The Society is also inviting pharmacist and technician views to inform its formal response to the consultation. Comments should be submitted by May 4 using the form available at www.rpsgb.org/section60/.
● RPSGB council member Graham Phillips answers questions on the proposed regulation on p28.

● **Public protection.** Clearer definition of the RPSGB's responsibility and accountability to the public. An obligation for the Society to cooperate with any individual or organisation that deals with registrants or prospective registrants, and to consider the differences that exist between the home countries. The RPSGB to lay its annual accounts before parliament.

● **Registration.** Statutory registration of technicians in England and Wales. The Society's register to be renamed the Register of Pharmacists to make its purpose clearer to the public, and divided into practising and non-practising. All practising members to undertake mandatory CPD and to have indemnity insurance – failure to

The DH's proposals for change

do either will be a breach of fitness to practise rules.

● **Education and training.** Promotion of high standards for pharmacists and technicians, relating to all aspects of education including restoration to the register. Consider "attitudes and behaviours" when determining whether a trainee technician or pharmacist is "appropriately qualified".

● **Fitness to practise.** Retain requirement for registrants to be of "good character". Authorise the Society to disclose fitness to practise information about individuals, where it would be in the public interest. Misconduct, unprofessionalism, adverse

mental or physical health, and criminal convictions to be among the grounds on which fitness to practise may be impaired. Applications for restoration to the register may not be made within five years of removal, or within 12 months of a previous application.

● **Statutory Committee.** Replace with six committees – CPD, Disciplinary, Education, Health, Investigating and Registration Appeals – that deal with both pharmacists and technicians. The new structure will give the Society more options when dealing with fitness to practise issues, including the ability to adopt a rehabilitative

approach, suspend a member, or impose registration conditions.

● **Council.** Must not exceed 35 members, with the majority being registered pharmacists. At least one lay member to live or work mainly in each of England, Scotland and Wales.

● **Legislative changes.** The Order contains provision for the repeal of the *Pharmacy Act 1954*, and amendments to primary and secondary legislation.

● **Transitional arrangements.** Continuation of the Infringements and Statutory Committees for specific purposes and for a limited period, before workload transfers to the new Disciplinary Committee. Transfer of technicians from the voluntary to the statutory register.



A Northumberland pharmacy team has received first prize in the Northumberland Care Trust Good Practice Awards 2005. Pharmacist manager Suzi Dixon and her staff from Healthcare Plus Pharmacy in Bedlington Station were named team of the year in recognition of the quality and range of substance misuse services they provide. The annual awards are open to any team providing services to or within the care trust and this is the first time a community pharmacy team has won an award. Ms Dixon is pictured receiving the award from Northumberland Care Trust's Richard Holden and Mike Guy

PRACTICE

PPA issues private CD script advice

Community pharmacists who have not yet received their account number for private prescriptions of controlled drugs should contact their PCT.

The advice, from the PPA, also reminds pharmacists that from April 1, private prescriptions for schedule 2 and 3 controlled drugs can only be dispensed if on the correct form (FP10PCD).

Prescriptions not on this form but signed before April 1 can be dispensed within 13 weeks of the prescription date.

The PPA also adds that until the regulations changed, pharmacists should send photocopies of the FP10PCD forms for schedule 2 and 3 controlled drugs to the PPA and keep the original for their records. These copies should be submitted monthly using the FP34PCD submission document, available from the PPA. Once the legislation changes, pharmacists should send original FP10PCDs to the PPA.

For more information:

<http://tinyurl.com/jo2zl>

PSNC

PSNC to review MUR funding and evidence

by Asha Fowells

PSNC is to look at the funding and evidence for medicines use reviews (MURs).

Five of the resolutions at last week's local pharmaceutical committee conference referred to MURs, resulting in PSNC chief executive Sue Sharpe agreeing to review the service basis and evaluate the payment structure.

Terry Silverstone, for Kingston, Richmond & Twickenham LPC, proposed increasing the payment for MURs involving more than five prescribed medicines, and any that resulted in a drug being discontinued. Malcolm Horsfall, Suffolk LPC, asked for the MUR limit to rise to 400, along with a rise in the remuneration.

PSNC's Alastair Buxton queried whether the number of items was the sole factor in dictating how long an MUR took, and warned of the danger of

increasing MUR fees.

Eddie Newell, Leicester LPC, questioned the wisdom of an increased MUR limit. "We can't do the number of MURs we've been set at the moment," he said. Such a move would give PCTs more money, which is not ringfenced for MURs, and will be used to reduce NHS debt if not spent, he argued.

Peter Dawson, Leeds LPC, said paying more for MURs involving multiple drugs could lead to discrimination against patients who had fewer prescription items. It would be a backwards move towards payment by volume, not service quality, he suggested. Colin Friedland, Herts LPC, agreed, pointing out that the emphasis of MURs should be on patient concordance not product discontinuations.

Mr Newell also requested that PCTs be set MUR targets, while Steve Brill, Herts LPC, pleaded for an electronic MUR form that

could integrate with patient records, and for PSNC to help engage GPs with the service.

Roger King, Dorset LPC, said setting PCTs MUR targets would "give them another stick to beat us with". Divyesh Shah, Leicestershire LPC, said this would not happen if the target was assigned to the PCT, not per pharmacy, and resembled a prescribing target.

Mr Buxton said electronic MUR forms had been developed by some pharmacy software suppliers, and the DH and Connecting for Health had already agreed to develop a template for use with electronic patient records.

He said PSNC was fully supportive of MUR targets for PCTs, and had anecdotal evidence that some PCTs were using blocking tactics to stop pharmacists moving forward with the service.

● Further LPC conference coverage on p16, 17, 30 and 31.

Retail Skills launched

This week's *C&D* contains the first module in the *Retail Skills for Pharmacy Staff* distance learning course.

Devised with Hamacher Group, experts in the healthcare retail market, and in association with SSL international, the course provides training on core retail areas for all pharmacy staff.

The content of the ten monthly modules is based on Pharmacy Service NVQ2 and complements product knowledge learnt in medicines counter assistant courses such as *C&D's* Counterpart. For more details contact *C&D* on 01732 377269.

OTC Guide

The 28th edition of the *C&D Guide to OTC Medicines & Diagnostics* is published with this issue of *C&D*.

Additional copies may be purchased for £10 for *C&D* subscribers or £15 for non-subscribers by contacting Jan Powis on 01732 377487

Contract anniversary marred by rising NHS debt

by Max Gosney

Spiralling NHS debts have hit many independent pharmacist's profits during the first year of the new contract, a *C&D* straw poll has revealed.

Contractors, interviewed on the anniversary of the new contract, criticised cash-strapped primary care trusts (PCTs) for restricting many revenue opportunities.

Rajesh Kerai, a pharmacist at the Queens Park Pharmacy in Bournemouth, said: "This past year has not been good. We've lost money from purchase profits and have not been able to pull it back as the PCT says they have no money to commission services."

Contractors had been caught out by NHS "mismanagement", which had contributed to the service's estimated £800 million debt, said Keith Seston, a pharmacist at Parade Pharmacy in Havant, Hampshire.

"Pharmacy is reasonably well-organised, but it's not being



Keith Seston: contractors caught out by NHS 'mismanagement'

supported by central Government. The management structure just doesn't seem to be there in PCTs. Staff don't appear to know their job as they may not be there for long," he said.

The uncertainty surrounding PCTs had cast a shadow over pharmacy, confirmed Alison Hayes, pharmacist at the Pines Pharmacy in Exmouth, Devon.

"Our local PCT has not

overspent, but there are definitely worries there when they merge. I think everybody is concerned about the effects of PCTs looking to save money," she said.

But despite funding concerns, some contractors remained positive about the profession's progress since April last year. Christine Cross, pharmacist at the Station Pharmacy at Maghull, Merseyside, said: "On the whole it's been very positive. I find my job much more fulfilling and think pharmacy has improved relationships with other healthcare professionals."

However, other contractors criticised the new contract changes. Recent legislation had disadvantaged smaller pharmacies claimed Murad Ali of Bassaleg Pharmacy in Bassaleg, Gwent.

"It's great for the big boys who have the resources to invest in re-fits. But I think the new contract has taken away money, which some pharmacies will never get back," he said.

IT

Co-op installs ETP systems

The Co-op has rolled out electronic prescription service (EPS) accredited systems to its 260 branches in England.

The company said it was "ready to go" with EPS after installing AAH's Link Evolution system, which has been accredited for phase one of the electronic service, into stores. "We are the first multiple operator to have accredited systems in place, which gives us the advantage of being prepared for the wider implementation of EPS in the future," said Scott Macadam, project manager at the Co-op.

The Co-op would now push primary care trusts to issue smartcards, which are required to operate ETP, added Mr Macadam.

"We will put pressure on the less pro-active PCTs to issue smartcards as quickly as possible," he said.

The Co-op has also deployed electronic minor ailment service (eMAS) compliant technology to its 39 stores in Scotland.

RPSGB

Internet guide

The Royal Pharmaceutical Society has published guidance on internet pharmacy services, covering legal, professional and contractual requirements, medicines' supplies, information and advice provision, publicity, security and confidentiality.

Issues of posting and delivery, providing services to overseas patients, record keeping, monitoring and complaints handling are also highlighted.

Questiontime

This week's question:

Should Scotland follow the example set by England and Wales and let the RPSGB regulate technicians?

- Yes – it should be the same across Great Britain
- No – health is a devolved issue
- No – technicians should not be regulated by the RPSGB

You have until noon on April 4 to vote at www.dotpharmacy.com. We will publish the results in *C&D* on April 8.

EXCLUSIVE

Avicenna chairman announces £800,000 profits

by Gary Paragpuri

Pharmacy buying group Avicenna has announced a 23 per cent rise in its pre-tax profits to over £800,000 on a turnover of £1.9 million.

This has been driven by a 20 per cent rise in membership numbers to 500 and increased compliance among members, according to Avicenna chairman Salim Jetha.

"It's a combination of our ACE loyalty club and the fact that members are consolidating [their purchases] rather than dealing with a number of suppliers," Mr Jetha told *C&D*.

Speaking ahead of Avicenna's conference in Goa later this month, Mr Jetha said it had been "another excellent year" for the company, which has had 13 successive years of growth.

New income streams were planned through acquisitions, said Mr Jetha. A merger with other buying groups has not been ruled out. "We are always open to talks with groups who share a similar



Salim Jetha: profits aided by increased membership

vision to us. We haven't ruled it out but we are not in direct talks with anyone else," he said.

The company has decided not to seek a market listing at this time, said Mr Jetha, as it is likely to be more attractive to investors when current strategies mature.

David Gratton, non-executive director, will give further details at Avicenna's conference.

Results

Gross profit up 19 per cent to £1.265m

Pre-tax profits up 23 per cent to £874,653

Dividend distribution up 18 per cent to £140,439 (Year ending August 2005)



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dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms. See SPC for full details. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. **GSL** PL 00079/0347, 0346, 0345, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95. **Date of revision:** December 2005.

References: 1. ABC of Smoking Cessation 2004, Blackwell Publishing. 2. TNSG, JAMA, 1991; 266: 3133-3138.



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Nucare members highlight contract concerns

by Gary Paragpuri

Nucare pharmacists have highlighted concerns over the implementation of the pharmacy contract in England and Wales.

At the group's latest regional meetings, members raised issues around fitting consultation areas and delivering MURs within the contract's timescales, according to Hiten Rawal, commercial director and chairman of Nucare's regional forums.

Feedback from the meetings suggested the implementation timetable for MURs was "too ambitious", said Mr Rawal. He said no Nucare pharmacist had yet reached the maximum MUR limit. "[Members] are frustrated at the amount of money they haven't got," he said.

In addition, members were concerned that any MUR underspend would be "swallowed up" by PCT deficits. But despite



Hiten Rawal. Members are "frustrated at the amount of money they haven't got"

their concerns, members were investing in their businesses and remain positive about the future, Mr Rawal said.

Enhanced services had also

proved problematic with resistance from GPs, not because of funding, but because GPs were not necessarily "up to speed" with the pharmacy contract, he said.

IT and the proposed Boots merger with UniChem were also discussed at last month's meetings. Members were frustrated because they know they had to update their computer systems but had received little in the way of guidance, said Mr Rawal. Nucare will be organising IT seminars for members in the coming months, he added.

The Boots UniChem merger could be good for pharmacy as a profession but independents were "worried about the impact that the Boots brand will have at their local level," Mr Rawal said.

But independent pharmacy remained a "strong force in the sector" and anyone who ignored it, did so at "their peril," he warned.

INDUSTRY

OFT to continue PPRS scrutiny

Ethical medicine suppliers have welcomed the Office of Fair Trading's decision to continue its study into the Pharmaceutical Price Regulation Scheme (PPRS).

The OFT launched the study in September to assess whether the scheme is the most effective means of securing value for money for the NHS, while offering R&D incentives for pharmaceutical companies. This study was provisionally expected to conclude in the Spring.

The Ethical Medicines Industry Group, which represents 45 of the UK's smaller pharmaceutical companies, believes further study could help eliminate the features of the PPRS that disadvantage smaller companies.

It is calling for changes including an end to compulsory price cuts for companies with gross sales below £50m per annum, and on loss-making products, and a longer implementation lead time.

The Association of the British Pharmaceutical Industry added that further study will ensure that appropriate R&D incentives, at company and UK-wide levels, are put in place. However, it also made clear that a radical overhaul of the scheme could destabilise the UK as a location for global R&D.

By extending the study, the OFT has indicated that it is not currently considering referring the PPRS to the Competition Commission for further action.

The final report is still due to be published in the first quarter of 2007. **AC**

Update MCQ enclosed

This week's issue contains the questionnaire for the following Pharmacy Update modules carried in March: cough part 2-referral (1362), head lice (1363) and CVD biomarkers (1364).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice, with MCQs and a telephone marking service supported by Genus Pharmaceuticals. Previous modules are available at www.dotpharmacy.com.

For more information, call 01732 377269.



NORTHERN IRELAND

NI launches £3m COPD plan

Health minister Shaun Woodward has pledged £3m to expand services provided for people with asthma and chronic obstructive pulmonary disease in Northern Ireland.

In *A Healthier Future; A Strategic Framework for Respiratory Conditions*, he sets out a 10-year framework for preventing respiratory disease, and for improving treatment and care.

The document says community pharmacists can help patients self-manage their condition and offer advice on preventative action, including flu vaccination and smoking cessation.

Also, GPs and other professionals should develop an enhanced service for asthma and COPD under the new GP contract that supports patient reviews and promotes information sharing, education and implementation of individualised self-management plans.

Provisions should also be made to cover this in proposals for Northern Ireland's new pharmacy contract.

RETAILING

Pharmacist supports campaign for small independents



Mayor Gill Rhodes opens the refurbished Hopkins Pharmacy, with (left to right) Councillor Nunn-Price, patient Mr Brookes, Councillor Mills, Elizabeth Hopkins, Nick Hurd MP and pharmacist Yolande Hopkins

A London pharmacist who has championed independent pharmacies has backed a proposal by MPs to give small businesses more clout in the face of the growing dominance of multiples.

Elizabeth Hopkins, who owns two pharmacies in Middlesex, is supporting an early day motion (EDM) put forward by eight MPs who are encouraging the public to make use of independent local shops. The EDM condemns landlords who raise rent excessively, and urges simplification of the

regulation to which small businesses must adhere.

Mrs Hopkins raised the subject with Mayor Gill Rhodes JP, local councillors and Nick Hurd MP when they came to open the newly refurbished Hopkins Pharmacy in Ruislip. "It's an essential small pharmacy on the edge of an estate where there isn't a surgery. We have been looking after patients' needs for 35 years and they appreciate it. I love pharmacy and I don't want the profession to die off for the smaller business." **JE**

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Ref: * IRI Consumer retail sales data 2005 - single brand sales by brand chemist weekly treatment weeks; week 13 to week 20

Pressure grows for oxygen contract to revert to pharmacies...



Brian Gibbons: no specific penalty clause in contract

Political pressure is growing in Wales for pharmacists to be allowed to supply oxygen when the new contract ends in three years.

All three opposition political parties have been highly critical of the new system, with even health minister Brian Gibbons expressing doubts.

Lead critic has been Liberal Democrat health spokesman Jenny Randerson. She told Dr Gibbons that "it was so obviously going to be a disaster".

"It was going to rely on a centralised system and on a call centre – all the things that flash warning signs – and it was going

to replace a well-established locally-based system, based on pharmacists' knowledge of their customers, their patients and, indeed, their area – knowing that this crescent or that close runs off a particular road and so on. These are all the things that go wrong when you have a centralised system."

Mrs Randerson strongly criticised Lord Hunt, the health minister who ordered a review of the domiciliary oxygen service, and said the Assembly was within its powers to have decided on a different policy.

Dr Gibbons replied that work leading towards the contract had

started in 1999 – the year of the Assembly's foundation – by which time, "the momentum had already built up".

However, Dr Gibbons seems to have retained much of his faith in the principles of the new contract and has praised the additional services available.

But Mrs Randerson argued: "Could the service not have been modernised using distribution via pharmacies? Why was it necessary to go for a centralised production and distribution system by one company, which created a monopoly for that company ... could we not have modernised using the old system?" **CB**

...but no plans for pharmacy to stop supplying

Welsh health minister Brian Gibbons has refused to give any date when dual sourcing of oxygen in Wales will cease.

His statement that patients will still be able to obtain supplies from pharmacies after the practice is expected to have ceased in England led shadow health minister Helen Mary Jones to suggest he may be willing for the practice to continue indefinitely.

Dr Gibbons said the expected date for full implementation of the three-year, £2.13m-a-year Welsh contract by Air Products was "very fluid", explaining: "At one time, we thought it would happen within a week; then within a month; then the end of March; now, we do not know.



"Until we are sure the Air Products operation is totally resilient, I am not going to draw any false lines in the sand. I do not want to be held as a hostage to fortune."

The company was currently able to process only 70 per cent of home oxygen prescriptions, said Dr Gibbons, adding: "Everything is suggesting that there could be an additional demand of anything up to

20 per cent in the system."

Dr Gibbons is under heavy pressure to take legal action to recover the extra costs that the NHS will now have to pay, often to pharmacists. While some Assembly members believe that the minister is blaming Air Products for the failures, the minister said: "My understanding is that there is no specific penalty clause. The basis of the redress will, I am sure, be the subject of argument as to where the liability for the system's failure to operate correctly on day one lies."

Local responsibility for dealing with the crisis lies with the 22 local health boards, said Dr Gibbons, emphasising that although the Welsh civil service would pay as a last resort, no blank cheque exists.

SURVEY

Change leaves pharmacists out of pocket

Many pharmacist's are missing out on maximum profits as they struggle to keep up with recent professional changes, a financial study has revealed.

Contractors are failing to cash-in due to the constraints of industry red-tape on their business, concluded Michael Barr, a chartered financial planner.

Mr Barr quizzed pharmacists in Lancashire on their concerns.

"People are taking action without proper thought. Some might be adding a consultation room without thinking how much use it will get," he said. Contractors could benefit from taking a more strategic approach to running their business, stated Mr Barr.

"Take a step back and think how you could run your business more efficiently. Every pharmacist should run their business as if they intend to sell it tomorrow.

"The first benefit is that you maximise profit and you have more income to invest either back into the business or to build up your personal wealth," he said.

Questioned on industry challenges, responses were influenced by age. Younger contractors opted for financial burdens compared with older colleagues who selected IT and growing turnover as key concerns said Mr Barr. **MG**

Fifteen pharmacies in Wales have joined a new smoking cessation service modelled on the award-winning scheme developed by Ashton, Leigh & Wilson (ALW). There are three levels to the service starting with advice on self-quit strategies and leading up to individual patient assessments, supplying appropriate NRT and monitoring its use. Dr David, of Denbighshire LHB, said the service was being funded from the LHB's prescribing budget and making a patient to level 3 would cost £25 to £30. From the left: smoking cessation pharmacist Carole Anne Jones, pharmacist Tim Williams, BIR Duffield and Assembly Member Ann Jones





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A Promise of Better

PSNC election challenged

A London pharmacist has won legal approval to challenge the recent PSNC regional elections. However, financial constraints mean the judicial review is unlikely to go ahead.

Ashwin Tanna is challenging PSNC's decision to exclude him from the recent South East Thames regional election. PSNC said Mr Tanna was not eligible to stand for election, despite being a registered pharmacist and director of a company which has a contract with a primary care organisation, unless he had a substantial financial interest in the pharmacy business. Mr Tanna decided to seek permission for a judicial review following correspondence with PSNC, debating the definition of 'contractor'.

In one letter, PSNC chief executive Sue Sharpe, stated that a contractor was regarded as a person with a substantial financial interest in a pharmacy. However,

this is not the current wording of the PSNC constitution, effective from January 11. Mr Tanna, who was recently re-elected to Lambeth, Southwark & Lewisham LPC, argued: "PSNC is interpreting the constitution as it is going along. If I can stand for the LPC election, why can't I stand for the PSNC election? How do you define substantial anyway?"

Mr Tanna is hoping to force PSNC to issue a public apology for the misinterpretation of the constitution, and to engage the Electoral Reform Society to handle returned ballot papers.

"There is no probity, no transparency and no accountability. This would make it more accountable to the contractors, and would fall in line with the practices of the Royal Pharmaceutical Society," he said.

PSNC declined to comment on the matter. **AC**



More than 100 pharmacies in South London are taking part in a campaign to raise awareness of high blood pressure by displaying posters and leaflets, offering information about the condition, and reassuring patients that BP tests are quick and painless and can be done in pharmacies. The project is part of a three-year programme to improve health in Lambeth and Southwark. Pictured (right) is pharmacist Rimal Patel of New Park Pharmacy in Brixton, with a patient

SCOTLAND

Pub smokers get pharmacy help

Staff at a Co-op pharmacy are offering to visit local pubs and provide quit advice following the implementation of a smoking ban in Scotland.

Pub landlords can arrange for staff at the Co-op Pharmacy in Cowgate, Kirkintilloch, to advise

customers on the best way to kick the habit, and monitor their progress through carbon monoxide measurements. The pharmacy's Peter Hamilton said: "We are trained to help people, and going into local pubs makes it easy for people to find out more."

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NICOTINELL® TTS 30, 20, 10 Nicotine. Presentations: Transdermal patch containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indications:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage and Administration:** Stop smoking completely when starting treatment. Patch: For those smoking 20 or more cigarettes a day Nicotinell TTS30 (Step 1) once daily. Those smoking less should start with Nicotinell TTS20 (Step 2) once daily. Different strength patches permit a stepwise reduction in nicotine dose over treatment periods of 3-4 weeks with each strength patch. Maximum recommended treatment period three months (but if

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PAGB PERSPECTIVE

Headlines about the latest statin benefit emphasise the need for pharmacy to be behind POM to P switching says **Helen Darracott**, director of legal and regulatory affairs at the PAGB

Pharmacy must embrace POM to P switching

The recent headlines in the national news flagged up the discovery that taking statins can reverse damage to arteries. For example, the *Daily Mail* ran this on 14 March: "Heart patients can reverse damage to their arteries using a powerful new drug".

And yet there is nothing new about statins. Statins increase the level of HDL cholesterol and hence slow down or prevent atherosclerosis. This is the first study that has actually proven that statins in doses of 40mg per day can actually reverse the condition.

This new media hype about the discovery by an American study should be seized upon by the pharmacy sector in promoting the OTC sales of recently deregulated statin. The current crisis in NHS finances and the pressure on PCTs to reduce drug costs means that doctors are unwilling to prescribe

the drug unless there is strong evidence of coronary disease. Yet statins can help prevent such disease if given to patients in the moderate risk group, especially those with family history.

Over the last few years, the uptake in counter prescribing of the newly deregulated POM to P switched products has been rather hit and miss. The Government's agenda of promoting self care will mean driving through more POM to P switches. Pharmacy profits have generally relied on the dispensing proportion of the business but over the last few years the margin from NHS has been shrinking, especially following the introduction of category M.

Pharmacy needs to focus once again on not only the extended services offered under the new contract but also on the sale of the OTC medicines. The change in

the working practice under the new contract will bring pharmacists more in contact with patients. Patients, on the other hand, find it difficult to see the general practitioner each time they are unwell and are seeking (and should be encouraged to seek) self medication when OTC products are available. Pharmacists can help these patients while also improving their own business case.

One of the features of the new contract is the promotion of minor ailments schemes. Minor ailment promotion by pharmacy can act as a stepping stone for providing other enhanced services. After all pharmacists have been counter prescribing for years.

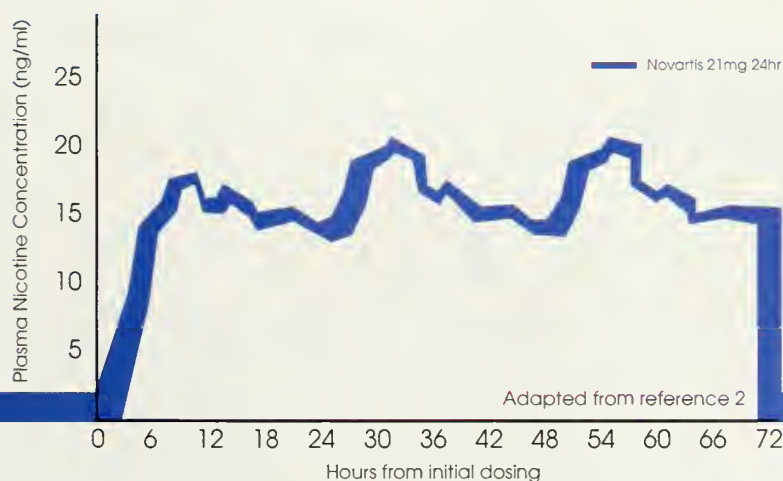
So how can the industry work with the pharmacy retail sector to see that OTC products and particularly the new deregulated products are counter prescribed in

order to benefit patients? Is the current consultation paper by the Department of Health on enhancing the role of support staff in pharmacy an ideal opportunity for the industry to help train counter staff and work more closely with the pharmacist?

The pharmaceutical company members of the PAGB need to understand what is required of them – what they need to do to facilitate more uptake of POM to P switched products. So how can pharmacy help? What kind of training do pharmacists expect the industry to provide and how?

PAGB members spend a substantial amount bringing new products into the market and often spend millions on TV or other advertising to support them. The pharmacy profession needs to grasp these opportunities and run with them.

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PROFILE – IT NEEDN'T BE HELL WITH NICOTINELL

Side Effects: Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. Nicotine Patches: most common adverse effects are reactions at the application site (usually erythema or pruritus). **Legal Category:** GSL. **Product Licence Nos, Trade Price and Suggested Retail Price:** Nicotinell TTS10 (PL 0030/0107) in packs of 7 patches £9.11, £15.99; Nicotinell TTS20 (PL 0030/0108) in packs of 7 patches £9.40, £16.49; Nicotinell TTS30 (PL 0030/0109) in packs of 7 patches £9.97, £17.49 and 21 patches £24.51, £42.99. PL Holder: Novartis Consumer Health, Horsham, West Sussex RH12 5AB. **Date of Preparation:** November 2005.

References: 1. Ussher M, West R. 2003. Diurnal variations in first lapses to smoking for nicotine patch users. *Hum Psychopharmacol Clin Exp* 18:345-349. 2. Fant RF et al. A pharmacokinetic crossover study to compare the absorption characteristics of three transdermal nicotine patches. *Pharmacol & Biochem Behaviour* 67:479-482. 3. R. West and S. Shiffman. Smoking cessation Fast facts, "Treatments to aid smoking cessation - data from Cochrane reviews of relevant randomised controlled trials" p57.

Comment

from the Editor

What is likely to be the most significant impact of practice-based commissioning?

"It gives pharmacists a chance to work with GPs for the benefit of patient services."

Riaz Esmail, Edgware, Middlesex

"It will benefit all healthcare professionals if there's a good relationship between the pharmacy and GP. But if there's not, it will hold pharmacy services back."

Folake Verissimo, Peckham London

Our online poll at www.dotpharmacy.com said...

4.3%
Will improve local healthcare

6.7%
Will benefit all health professions

11%
Will hold pharmacy services back

73.3%
Will benefit GPs at expense of others

4.6%
No change to the status quo

Is this devolution gone mad?

The considerably overdue legislative reforms for the regulation of pharmacy are finally out for consultation. Back in 2003 the profession was fighting over its Charter: some of the urgency then was due to the expectation that this latest piece of legislation – the *Section 60 Order* – would follow hot on its heels. Well here it is at last.

Two key aspects for practising pharmacists are that continuing professional development will not just be expected as part of the Code of Ethics but will become mandatory in law, as will indemnity insurance. Meanwhile, the Statutory Committee will be reformed, allowing its successors to finally decide on fitness to practise matters.

What is strange is the way the Order deals with pharmacy technicians. In Wales and England, technicians will need to register with the RPSGB. In Scotland, they will not.

Is this a case of devolution gone mad? There is certainly some difference between the English and Scottish health departments' views on whether, as health is devolved, the

Scottish Executive can do what it likes.

But what about those parts of the *Health Bill* relating to pharmacy which apply to the whole of the UK? And it is not as though the notion of technician registration is something new – the RPSGB has had its voluntary register in place for over 15 months.

If the Scottish Executive does not think technicians should be registered with the Society, it needs to say why and swiftly put out an alternative model. Otherwise, pharmacy technicians – and the new pharmacy services in which Scotland has often led the way – could be seriously disadvantaged.

Remember, this is a consultation – matters may change. But it would be interesting to know what Scotland's plan B really is.

“What is strange is the way the way the Order deals with technicians”

Your views

E-mail your views to chemdrug@cmpinformation.com

Support for CIO₂

What a great idea – Choice in Oxygen!

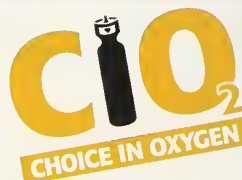
Since February 1 we have been busier than ever with our domiciliary oxygen service, servicing call outs late in the evening and very early in the morning due to lack of supply by Air Products.

We have had four new headsets authorised and paid for by the PCT which were used immediately but they will not sanction any more. I have discovered an acquaintance in Liverpool who had some 'old'

headsets in a drawer who has kindly gifted me four more (albeit without bayonet fittings or spares); two of these are out already!

We are actively telling all our patients to continue with us for as long as possible and they are delighted with our service. Long may it continue – very good luck with the campaign.

Eric Goodwin MRPharmS
Green Lane Pharmacy, Liverpool



Patient's view on oxygen

The following was submitted with the Choice in Oxygen petition collected by BA Williams Chemists & Opticians of High Street, Brentford, Middlesex:

We are writing to complain about the change of our oxygen supplies. After trying to get oxygen from the new suppliers, we were told we were not on the list, causing us to get very worried as my wife was out of oxygen at the time.

At no time did we ever ask or want the change. We have been well looked after over many years by Williams Chemist and Mr Savani and all the staff.

We are sure of a reliable service and do not wish for any change.

Names and addresses supplied

“Call outs late in the evening and very early in the morning”

Northern Ireland

NOTEBOOK

TOPICAL REFLECTIONS

Don't abuse services for drug users

I don't know how many pharmacies are involved in supervised consumption and shared care schemes for drug users, but I guess we are a some way short of the 75 per cent suggested by the National Treatment Agency's new guidelines (*C&D March 25, p4*). And I imagine that it will be difficult to convince many more pharmacists that they want to get involved in this challenging area.

Supervised schemes where clients agree to a code of conduct have improved things but there is no doubt that, generally, this our most difficult group of patients. I don't want to tar everyone with the same brush, but drug users are more likely to be shoplifters, more likely to be particularly demanding and time consuming in their prescription requirements, and prone to using threatening behaviour. For the paltry remuneration available, some pharmacists simply don't want to get involved.

Some pharmacists see serving drug users as a challenge and a service to the wider community. But others are not

geared up for this challenge. You need good staffing levels, probably CCTV, good relationships with prescribing doctors, a consultation area that is not too enclosed, and a certain amount of space in the pharmacy to provide this service well. Locums also need to be supportive.

I think the future is more likely to develop through specialised pharmacies operating enhanced services that deal with large numbers of drug users. This is an ideal area for pharmacists with special interests and supplementary prescribing. A specialised pharmacy will provide a better service than lots of pharmacies serving just one or two addicts. Other local pharmacies can provide a supporting service as necessary.

While 75 per cent of pharmacies is an admirable target, and one that would improve access for drug users, I don't think this is the most cost effective solution. It probably would not give users the best service and, if enforced, would put some pharmacists in an uncomfortable position.

I agree with Stuart Notman that there is an important role here for community pharmacy, but it is one best developed through selective targeting of resources, individuals' enthusiasm and market forces, rather than a 'one size fits all' approach.

MDS tests diplomacy skills

Pharmacists' powers of diplomacy are constantly tested as they are continually caught in the middle, trying to exert some professional expertise while keeping the parties either side of them happy and healthy. If I'm not caught between the patient and the GP, I'm in between the wholesaler and the patient, or the carer and the receptionist, or even the GP and the consultant.

But the area of practice that catches me in the middle most often is monitored dosage systems. The most common ping pong here is between the care home and the GP surgery; but I can also be refereeing between hospital pharmacy departments and GP surgeries, or between carers and GPs.

Community MDS patients cause the most problems, due to the lack of clear lines of responsibility and misunderstanding of my role. I try and limit the number of these patients simply because it causes so many problems. As the middle man I'm seen as a soft target and often blamed for any mix-ups.

I have to sort out problems caused by carers and patients tampering with trays or even losing them, patients coming out of hospital with medication changes that nobody has told me about, and GPs blaming me for non-compliance with medication supplied against their carelessly issued scripts. The list is endless.

But I have to accept some responsibility for this situation. I ploughed right into a service on the basis that everyone else was doing it and that it was good for patients, without giving enough thought to the longer term implications. Any new services I take on will be more carefully considered.

Sense of déjà vu

The Royal Pharmaceutical Society is setting out its vision for pharmacy, *Pharmacy 20:20*, looking at what community pharmacy practice should look like in the year 2020. In this way, goes the theory, pharmacy as a profession can begin to lobby for the necessary changes that will bring the vision to reality.

I couldn't help thinking I had seen all this before. Of course I had – and in my dusty archives I easily found my copy of PSNI's own *Vision 2020*. It was a shock to find ten years have passed since it was launched.

Vision 2020 had three objectives: more public health involvement for pharmacists, minor ailments treated on the NHS, and medicines management. It seemed wildly aspirational back then and some of us were concerned with certain aspects of it. Sadly the vision appeared to run out of steam very quickly but on reading through my now yellowing copy and its follow-up document, *Vision 2020: the Next Steps*, I was impressed at what has been achieved over the decade.

To some degree all three objectives have been achieved; smoking cessation is now a funded service and Building the Community Pharmacy Partnership is a flagship service for community development. The minor ailments scheme is a nationally funded service and Managing Your Medicines can bring in some healthy income, but it all takes time and I still need to dispense prescriptions.

It's perhaps impossible to quantify what part, if any, *Vision 2020* played in getting community pharmacy to where it is now; perhaps we were going this way anyway but I always think that visions, well thought out and widely publicised, are powerful tools in supporting and maintaining the direction of travel.

I wish the RPSGB good luck with its vision; I have little doubt it will be a worthwhile exercise.

Written by a Northern Ireland community pharmacist



e-script service concerns raised at PSNC dinner

PSNC chairman Barry Andrews has raised concerns about "the continuing delays" in the electronic prescription service.

At last Wednesday's PSNC dinner, Mr Andrews told health minister Jane Kennedy that the delay impacted on pharmacists' ability to deliver a repeat dispensing service, and affected medicines use reviews.

"Unresolved, they will hamper our ability to maximise pharmacy's effectiveness and gains for patients," he said.

Mr Andrews called on PCTs to work with LPCs to ensure that smartcards for logging on to the NHS network were quickly issued to pharmacies.

Ms Kennedy said the electronic prescription service was making good progress "but obviously not as fast as you or your colleagues would wish to see, and to some degree I would not argue with that".

Referring to smartcards, the



Barry Andrews: technology delays will hamper the pharmacy service

minister said: "We are monitoring the position. If progress stalls we need to

understand the reasons why and the options for appropriate action".

GPs told to work with pharmacy

Ms Kennedy appealed to doctors among the guests at last week's PSNC dinner to take note of the valuable contribution community pharmacy can make.

Referring to a *C&D* editorial in which she was "taken to task ... for being another minister who says that we haven't made enough use of your skills", she quoted Baroness Murphy, who is also a doctor.

In the House of Lords, the baroness had welcomed a wider role for community pharmacy, saying: "Pharmacists are highly trained, skilled professionals whose talents are often underutilised under the current arrangements."

Ms Kennedy said: "I hope that all the doctors here tonight will take those words to heart and pass the message on to their colleagues."

"You need effective relationships with your pharmacist colleagues now and in the future to achieve that fundamental shift patients have told us they want."

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Dosage and administration: *Adults:* One or two tablets every 4 to 6 hours. Not more than 6 tablets in 24 hours. Not to be taken for more than 3 days without medical advice. *Children (under 12):* Not recommended. **Contraindications:** Hypersensitivity to ingredients, history of peptic ulceration. **Precautions:** Gastrointestinal disease,

asthma or allergic disease, NSAID sensitivity. **Interactions:** MAOIs, thiazide diuretics, anticoagulants. **Pregnancy/lactation:** Avoid unless essential. **Side effects:** Constipation, nausea, dizziness and drowsiness; gastrointestinal disturbance, peptic ulceration and gastrointestinal bleeding; thrombocytopenia; hypersensitivity reactions including non-specific allergic reactions, anaphylaxis,

bronchospasm, skin disorders, angioedema and bullous dermatoses. **Legal category:** P. **Product Licence number:** 00071/0431. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and**

RSP: 24 tablets £4.99. **Date of preparation:** February 2006.



GlaxoSmithKline
Consumer Healthcare



THE POWER TO BRING SUN

Oxygen concerns are repeated

Pharmacy contractors have made clear to health minister Jane Kennedy their displeasure of the handling of the home oxygen service transfer.

At the PSNC dinner last Wednesday, attended by over 500 LPC representatives, MPs, doctors and NHS managers, Ms Kennedy raised the matter, and paid tribute to pharmacists for their help. She expressed her "personal regret" at what had happened, but said the change in the oxygen service would benefit patients with the introduction of a range of innovations.

However, the audience responded negatively, prompting the minister to acknowledge hers "was not necessarily the most popular comment".

PSNC chairman Barry Andrews had raised the matter in his opening speech, saying that PSNC believes that patients should have the right to be able to choose their oxygen supplier.

"Minister, as you know, we do not agree with the decision to take this service away from community pharmacy," he said.

"And as many have warned, when the new service went live on February 1, it was overwhelmed. It faced meltdown and patients faced being deprived of the oxygen they relied upon to live.

"As you have said in the House, community pharmacists have really stepped into the breach to ensure that these patients - among those vulnerable in our communities - do not suffer. We believe oxygen patients should have a choice. "They should be able to choose to receive their oxygen from their local pharmacist as they have in the past."

Later in her speech the minister seemed to concur, saying: "People must have choice in where to go for their services and a greater say in how, when and where they are provided." **CRG**

Gidley critical of minister

Pharmacist, MP, and LibDem health spokesman Sandra Gidley, has criticised the health minister for misjudging the mood of pharmacists. Commenting on the minister's performance at the PSNC dinner Ms Gidley said: "She was almost booed ... she completely misunderstood how people feel."

Ms Gidley was promoted to the health team by Sir Menzies Campbell in a reshuffle after he became leader of the Liberal Democrats. She said Ms Kennedy and fellow ministers had "not got their heads around pharmacy issues. They come out with the warm words but they don't give any indication of how they can put their warm words into practice," she said.

"For example, on practice based commissioning, pharmacies have got a lot to offer but there is no guarantee that they will be involved at local level.

"Jane Kennedy said at the



Sandra Gidley: critical of health minister

PSNC dinner that here is an opportunity for pharmacies. But we all know that in some places, GPs won't want to have pharmacists there and won't think of asking them.

"Ministers seem to think of the NHS in terms of doctors and nurses and then think of the pharmacists as an after-thought. That has to stop." **CB**

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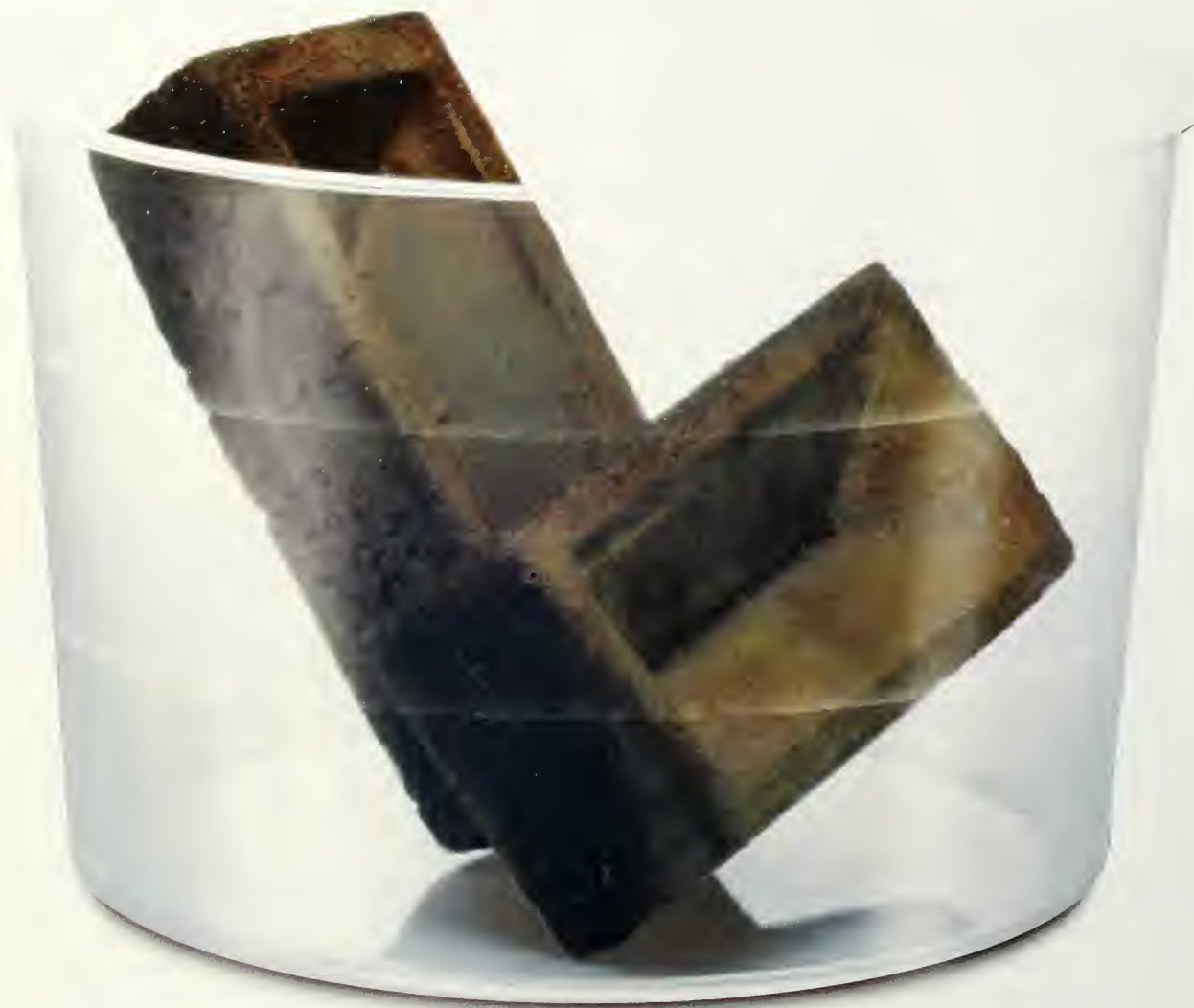


Ibuprofen, Codeine

FERERS BACK FROM THE PAIN OF A MIGRAINE

Problem?

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All change in lipids



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1365), in association with multiple choice questions being published in *C&D* May 6, provides one hour's continuing education

Objectives

- To be aware of the new recommendations
- To know which patients are at high risk of cardiovascular disease
- To be aware of the new lipid targets
- To know about treatment choices

Many more people will receive treatment for lipid lowering under recent new guidelines, reports *Dr Mike Mead*

Two recent publications are set to influence prescribing in lipid disorders – the new *Joint British Societies Guidelines on Prevention of Cardiovascular Disease in Clinical Practice (JBS2)* and the *Fenofibrate Intervention and Event Lowering in Diabetes (FIELD)* study, which is the largest ever intervention study for the prevention of cardiovascular disease (CVD) in patients with diabetes.^{1,2} Pharmacists, often in the front line of managing patients with lipid problems, now need to consider how the focus on lipids is changing.

JBS2

JBS2 is the second set of recommendations by the Joint British Societies, the first having been issued in 1998. These recommendations are an evidence-based consensus approved by all six professional societies – the British Cardiac Society, the British Hypertension Society, Diabetes UK, Heart UK, the Primary Care Cardiovascular Society and the Stroke Association – and are likely to be adopted as standard practice in the UK.

There are several changes of emphasis for lipids that will impact on management and prescribing.

Assessing CV risk A key recommendation of *JBS2* is that all adults aged 40 years and over who have no history of CVD or diabetes and who are not already on hypertension or lipid treatment should be considered



Blood pressure is one of the measurements that must be taken when calculating an individual's risk of developing cardiovascular disease

for opportunistic CVD risk assessment in primary care. Ethnicity, smoking history and family history of CVD should be recorded and weight, waist circumference, blood pressure, lipids and glucose measured.

Based on age, sex, smoking habit, systolic blood pressure and total:HDL cholesterol ratio, the person's total risk of developing

CVD will be calculated by reference to the new Joint British Societies CVD risk prediction chart. Patients are classed as high risk if they have a 20 per cent or greater total CVD risk over 10 years. Such patients require intervention, including drug therapy, to reach specific lipid targets (*see below*). Those at less risk should have a repeat risk

assessment within five years.

Implications This recommendation means testing most adults, even if asymptomatic, for lipids. It will generate a huge workload, not least in explaining to patients what their results mean. Over a quarter of UK adults have total

Continued on page 20

...total cholesterol $\geq 6.5\text{mmol/l}$ and/or coronary heart disease (CHD) and/or a raised total cholesterol of $\geq 5\text{mmol/l}$; 7 per cent of UK adults have levels of 7.8mmol/l and above (which quadruples cardiovascular risk).

The recommendation to treat asymptomatic people with a total CVD risk of 20 per cent and above means prescribing statins to over three million more patients – a huge increase in prescribing and follow-up.

For patients without disease, treatment is now based on assessing CV risk, which means:

- Judging risk by measuring HDL cholesterol (HDL-C) to determine total:HDL ratio, not just total and/or LDL cholesterol (LDL-C).

- Estimating risk using the Joint British Societies' prediction charts, although these are only a guide as many patients (such as those with obesity, impaired fasting glucose, patients from the Indian subcontinent or those with raised triglycerides) have an increased CVD risk not accounted for by the charts.

Treating patients without measuring CV risk *JBS2* identifies as worthy of intervention (including drug treatment) people who have not necessarily been assessed but who have:

- clinical evidence of atherosclerotic cardiovascular disease (including peripheral arterial disease, CHD and stroke);
- diabetes mellitus;
- elevated total cholesterol:HDL ratio ≥ 6 ;
- familial dyslipidaemia, for example hypercholesterolaemia or combined hyperlipidaemia.

Implications This is the other high-risk group where the focus will be on reducing lipid levels. All patients with atherosclerotic disease should now be prescribed a statin, irrespective of their initial cholesterol level. Most of these will, in any case, have levels greater than the new low target levels.

JBS2 recommended statins for those patients with type 1 or 2 diabetes as follows:

- all those who are aged 40 years or more;
- those aged 18 to 39 years who have at least one of the following: retinopathy (pre-proliferative, proliferative, maculopathy), nephropathy (including persistent microalbuminuria), poor glycaemic control (HbA1c over 9 per cent), elevated blood pressure requiring

antihypertensive therapy, raised total blood cholesterol ($\geq 6\text{mmol/l}$), features of metabolic syndrome (central obesity and fasting triglyceride $>1.7\text{mmol/l}$ (non-fasting $>2\text{mmol/l}$) and/or HDL-C $<1\text{mmol/l}$ in men or $<1.2\text{mmol/l}$ in women), or family history of premature CVD in a first degree relative.

In effect this means the vast majority of patients with diabetes should now be on a statin.

This guidance that all those with CVD and most patients with diabetes should be on a statin and treated to the new lower targets (see right) is evidence-based. In the Heart Protection Study of 20,000 adults aged 40 to 80 years with high risk of CHD and a total cholesterol $>3.5\text{mmol/l}$, simvastatin 40mg reduced vascular events by a third compared with placebo in patients with CVD or diabetes, irrespective of the patient's cholesterol level.³

New lower treatment targets

The most radical change in *JBS2* has been to drop substantially the targets for cholesterol lowering.

The new optimal targets to achieve with lipid lowering therapy in all patients requiring treatment (that is, those with CHD, stroke, peripheral artery disease, diabetes, total:HDL ratio ≥ 6 , familial dyslipidaemias or a CVD risk ≥ 20 per cent over 10 years) are:

- total cholesterol $<4\text{mmol/l}$ and LDL-C $<2\text{mmol/l}$, or;
- 25 per cent reduction in total cholesterol and a 30 per cent reduction in LDL-C, whichever gets the patient to the lower absolute level.

The older targets of total cholesterol $<5\text{mmol/l}$ and LDL-C $<3\text{mmol/l}$ have now been superseded by the clinical evidence.

Implications Statins will reduce LDL-C as follows:

- atorvastatin 20mg by about 43 per cent;
- simvastatin 40mg by about 37 per cent;
- rosuvastatin 10mg by about 43 per cent;
- pravastatin and fluvastatin give much lower reductions.

So even if using these doses of statins, you are unlikely to reach the sub-2 mmol/l target in most patients. Any higher dose will give only another 6 per cent reduction, with increased risk of side effects. To get below 2mmol/l with the above doses the patient would already have to have a LDL-C $\leq 3.5\text{mmol/l}$.

In effect we are moving towards

Summary of *JBS2* recommendations

- All adults aged 40 years and over with no CVD history or diabetes and not receiving hypertension or lipid treatment should have a CVD risk assessment.
- Those with a high risk (≥ 20 per cent over 10 years) should be treated to new lipid targets.
- Those at lower risk to have another assessment within five years.
- Cholesterol measurement to be based on total:HDL ratio, not just total and/or LDL-C.
- A high risk total:HDL ratio is six or more.
- People with the following high risk conditions should be prescribed a statin without the need for risk assessment and regardless of initial cholesterol level: atherosclerotic CV disease, most patients with diabetes mellitus (including all aged 40 or more), familial lipid disorders.

New optimal lipid targets

1. Total cholesterol $<4\text{mmol/l}$ and LDL-C $<2\text{mmol/l}$, or
 2. A 25 per cent reduction in total cholesterol and 30 per cent in LDL, whichever achieves the lower absolute level.
- These targets may not be achieved with statins alone.

combination treatment – judging the patient's lipid profile in terms of LDL-C, HDL-C and triglycerides, then adding a second agent to the statin depending whether you need to lower LDL much further or to reduce triglycerides/raise HDL-C.

OTC statins Low dose simvastatin 10mg is intended, under current guidelines, for men aged 55 years and over without risk factors, and for men aged 45 to 54 years or women aged 55 years and over with one or more risk factors (smoking, obesity, family history of CHD, Asian origin). This statin dose should not apply to patients with CVD,

diabetes, familial dyslipidaemia and the higher 20 per cent CVD risk category of patients, all of whom need to be managed by clinicians with a treat to target approach. Simvastatin 10mg will only reduce LDL-C by about 27 per cent and is not the dose used in clinical trials documenting simvastatin's effectiveness in VV event reduction.

FIELD and fibrates While statins are the most effective agents for reducing LDL-C, they are not particularly effective at raising HDL-C (usually only a 5 to 10 per cent increase). We now realise the importance of low HDL-C as a CV risk factor (for stroke as well as CHD), especially in patients with type 2 diabetes, where the main dyslipidaemia is raised triglycerides and low HDL-C, and where LDL-C may be the same as in patients without diabetes.

HDL-C protects against CVD by transporting HDL-C from peripheral tissues, including the arterial wall, to the liver (reverse cholesterol transport) where it can be excreted as bile, and by a variety of other mechanisms including antithrombotic and anti-inflammatory effects, inhibition of LDL-C oxidation and a beneficial effect on the endothelium.

For practical purposes a low HDL-C is below 1mmol/l, although women tend to have a higher HDL-C and in definitions and national guidelines below 1.3mmol/l is usually quoted as low for women. Typically patients with type 2 diabetes have 10 to 20 per cent HDL levels. Raised triglycerides are also a separate risk factor for CVD, partly



JBS2 recommends statins for diabetic patients with retinopathy



Under the JSB2 recommendations, cholesterol measurements should be based on total HDL ratio

because they modify other lipoproteins and affect blood coagulability.

Fibrates typically raise HDL-C by over 15 per cent and lower triglycerides by up to 50 per cent. While not as effective as statins at lowering LDL-C, they are drugs of choice for patients with the raised triglyceride/low HDL-C dyslipidaemia typical of type 2 diabetes, where fibrates – other than gemfibrozil – will usually be used with a statin.

In the FIELD study 9,795 type 2 patients aged 50 to 75 years were randomised to micronised fenofibrate 200mg daily or placebo over five years.² They were in the early stages of diabetes (mean duration five years) and well controlled (median HbA1c 6.9 per cent), with three fifths on diet or monotherapy alone. Fenofibrate therapy resulted in an 11 per cent (non-significant) reduction in combined incidence of CHD death and non-fatal myocardial infarction, a significant 11 per

cent decrease in total CV events and a significant 21 per cent drop in coronary revascularisation. In patients with type 2 diabetes without CVD, fenofibrate significantly reduced total CHD events by 25 per cent.

In contrast to trials with other lipid lowering agents, fenofibrate reduced microvascular as well as macrovascular outcomes, with 30 per cent fewer patients needing laser treatment for retinopathy and fewer progressing to albuminuria, both independent of any differences in HbA1c or blood pressure. Fenofibrate was well tolerated, both on its own and combined with a statin.

The FIELD results may have been even more significant as twice as many placebo patients received a statin than fenofibrate patients. Nevertheless we now have clear evidence that fenofibrate cuts macrovascular and microvascular complications in patients with type 2 diabetes. This means a likely rise in fibrate

use, usually in addition to statins, to target patients with dyslipidaemia, particularly in diabetes.

Conclusion

The world of lipids is changing but finally there is a national consensus on prescribing. The focus has changed towards treating the lipid profile, not the total cholesterol, and combination therapy now looks set to be the rule rather than the exception. The increased patient and prescribing workload resulting from these recommendations is dramatic and lipids now join blood pressure in occupying most of a GP's working day. For pharmacists, lipid management will similarly expand to fill their daily dispensing.

References:

1. JSB2: Joint British Societies Guidelines on Prevention of Cardiovascular Disease in Clinical Practice. Heart 2005; Vol 91, Supplement V.

2. The FIELD study investigators. Effects of long-term fenofibrate therapy on cardiovascular events in 9,795 people with type 2 diabetes mellitus (the FIELD study): randomised controlled trial. Lancet 2005; 366: 1849-61.

3. Heart Protection Study Collaborative Group. MRC/BHF Heart Protection Study of cholesterol lowering with simvastatin in 20,536 high-risk individuals: a randomised placebo-controlled trial. Lancet 2002; 360: 7-22.

Dr Mike Mead, a full-time GP in Leicester, is an advisor to medical journals, author of medical books and lecturer in medical matters in the UK and overseas.

Actionplan

1. Think about the implications for the NHS of prescribing statins for three million more patients. If you were on an advisory committee asked to recommend testing the lipid profile of asymptomatic patients and prescribing statins to all with an adverse ratio, what would you say? How would the NHS cope?

2. Have you thought about the consequences of increasing life expectancy? If we lower CVD mortality are there implications for other diseases of old age? How would the world cope with the increased population?

3. Read the coronary risk prediction charts in the *British National Formulary*. In your practice workbook list the risk factors and how these risks are assessed. What is the base line for each and how, in practice, do you assess the total risk? For example, how many cigarettes constitute a risk to an individual? Is there a difference between types 1 and 2 diabetes? How about a patient whose diabetes is controlled by diet and weight management?

4. Review the differences between the end effect of a statin compared with that of a fibrate.

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the May 6 issue, which will cover this week's CPP-accredited module, together with those in the April 8 and 22 issues. This will cover:

● **Lipids (1365)** ● **Scabies and threadworm (1366)** ● **Psoriasis (1367).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can telephone 01732 377269.

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GENUS PHARMACEUTICALS

Omega 3 fats lack health benefits

Omega 3 fats do not necessarily have health benefits, a systematic review has shown.

Published by *BMJ Online First*, the review considered 89 studies. Analysis found that omega 3 fats had no effect on the incidence of cancer or cardiovascular events, and only weak evidence of a reduction in the risk of death.

In addition, there appeared to be no evidence that the source (dietary or supplemental) or dose of omega 3 fats affected outcomes.

The authors conclude: "UK guidelines encourage the general public to eat more oily fish... This

advice should continue at present but the evidence should be reviewed regularly." High intake of omega 3 fats should continue to be recommended after myocardial infarction, but not for those who have angina only, they add.

For more information: The omega 3 fats in foods such as oily fish appear to offer no health benefits
www.bmj.com



Endorsements reminder for contractors from PPA

The vast majority of prescriptions do not require endorsements, the Prescription Pricing Authority has reminded contractors.

In its March newsletter, the PPA

states: "The only situation in which a dispensing endorsement of manufacturer or supplier is required is if a generic medicine not listed in Part VIII of the *Drug Tariff* is prescribed."

In addition, the PPA has issued advice on items that appear to be

medicinal products but are actually medical devices. Before dispensing, contractors should check whether the product bears a CE mark.

If it does, yet is not listed in the *Drug Tariff*, it will not be reimbursed, warned the PPA.

Scriptlines

Biatain-Ibu

Coloplast has extended its woundcare offering with the pain-reducing dressing Biatain-Ibu (ibuprofen 0.5mg per cm²).

Aimed at patients with chronic wounds, such as leg ulcers and pressure sores, the dressings are designed to absorb large quantities of wound exudate while delivering a low dose of ibuprofen direct to the site.

Exelon

Exelon capsules and oral solution (rivastigmine) have been licensed for the symptomatic treatment of mild to moderately severe Alzheimer's dementia and mild to moderately severe dementia in patients with idiopathic Parkinson's disease.

For more information:
Novartis medical information
Tel: 01276 698370

Zanidip

Recordati has added a 20mg strength to its Zanidip range (lercanidipine hydrochloride).

Price: £11.00
Pack Size: 28 tablets
Pip code: 290-5768
Recordati Pharmaceuticals Ltd
Tel: 01784 224210

Powergel

Powergel (ketoprofen) has been launched in 50g and 100g pump dispenser packs.

Pack size, pip code and price information: 50g 255-5845 £3.22, 100g 255-5852 £6.18
A Menarini Pharma UK
Tel: 01628 856400

Rating Halal

Abbott Nutrition's core range has received Halal certification from the Islamic Food & Nutrition Council of America (IFANCA), says the company.

The range approved by IFANCA includes Ensure Plus (yoghurts and milkshakes), Enrich, Enrich Plus, Enshake, but excludes Enlive Plus.

For more information:
Abbott Nutrition
Tel: 0800 252882

ORS recipe

A new formula for the manufacture of oral rehydration salts has been agreed by the World Health Organization and Unicef.

Containing less glucose and sodium, the formula enables quicker absorption of fluids and reduces the need for intravenous therapy, says WHO.

For more information:
www.who.int/medicines/publications/pharmacopoeia/ors/

Forceval and Pragmatar

Alliance Pharmaceuticals has announced the discontinuation of two products: Forceval Protein

Vaccine for shingles ahead

A herpes zoster vaccine could be on the way, following preliminary approval from the European Medicines Agency (EMA).

EMA adopted a positive opinion on an initial marketing authorisation application for Zostavax. The vaccine is intended for the prevention of shingles and herpes zoster-related postherpetic neuralgia.

Other products that received positive opinions included:
● Ganfort eye drops (bimatoprost/timolol) – new product for open-angle glaucoma and ocular hypertension.
● Emend (aprepitant) – licence extension to include post-operative nausea and vomiting.
● Keppra (leviracetam) – licence extension to include treatment of myoclonic seizures in patients with juvenile myoclonic epilepsy.

EMA's safety review of tacrolimus and pimecrolimus creams for atopic eczema concluded the benefits outweighed the risks, but advised cautious use to limit the risks of skin cancer and lymphoma. More long-term safety data is needed, it advised.

For more information:
www.emea.eu.int

Powder chocolate, and Pragmatar cream (cetyl alcohol-coal tar distillate, precipitated sulphur, salicylic acid).

The Forceval nutritional supplement has been withdrawn with immediate effect, although the natural, vanilla and strawberry flavours remain available.

Pragmatar cream will be discontinued when current supplies are exhausted (estimated September) because of problems sourcing one of the active ingredients.

For more information:
Alliance medical information
Tel: 01249 466966

Mabron

Morningside Healthcare has introduced Mabron, a range of prolonged-release tramadol hydrochloride tablets.

Available in 100mg, 150mg and 200mg strengths, Mabron is indicated for the treatment of moderate to severe pain in adults and children over 12 years.

For more information:
See *Pricelist*
Morningside Healthcare Ltd
Tel: 0116 204 5950

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NUMARK PHARMACISTS
TOGETHER WE'RE STRONGER

On TrueTrack for some smart glucose monitoring

The TrueTrack Smart System blood glucose meter has been launched by ADL Healthcare Diagnostics.

The code chipped meter uses a 1µl blood sample per test and a result is produced within 10 seconds.

The meter features a 365 reading memory and produces 14 and 30 day morning averages. Packs of 50 test strips are available.

Support materials are available for pharmacists including posters, shelf wobblers and window displays and ADL offers products demonstrations.

For diabetes patients, a freephone support line, 0800 377 7870, operates.

Supporting the launch, trade advertising is scheduled and ADL will have a presence at nursing and diabetes conferences throughout the year.

Consumers will be targeted through diabetes patient meetings and publications.

For more information:

TrueTrack@adlhealthcare.co.uk
Prices and Pip codes: meter £7.50 + vat, 305-8823; strips £15.57 (Drug Tariff), 305-8831
ADL Healthcare Diagnostics
Tel: 01283 494343

Colgate takes Time to add two pastes

Colgate has launched two toothpastes. Time Control is clinically proven to protect the exposed root area against cavities, says Colgate.

Vitamin E is included in the formulation to help fortify gums and to prevent them receding further.

Sensitive Multi Protection toothpaste has a dual action and is formulated for people with sensitive teeth.

The Multi Protection paste has an antibacterial system to fight teeth and gum problems.

For more information:

Prices, pack sizes and Pip codes: Time Control £1.49/50ml, 320-2025, £2.49/100ml, 320-2017; Sensitive Multi Protection £1.75/50ml, 320-1985, £2.39/75ml, 320-1993
Colgate-Palmolive
Tel: 01483 302222



Guide to talking openly with parents

Calpol has launched a guide to encourage better communication between parents and healthcare professionals in primary care.

The *Partnering with Parents* guide was created after considering the views of parents, grandparents and experts in children's health, rights and communications.

Designed for healthcare professionals, the booklet explains that parents value honesty and openness and suggests a six-step process towards constructive dialogue.

The guide will be distributed to pharmacies and GP surgeries or can be downloaded from the website below.

For more information:

www.calpolprofessional.co.uk
Pfizer Consumer Healthcare
Tel: 01737 331171

Energy boosters from the mountains of Norway

Rosenroot and Fburn are two new supplements available from Waveney Health.

Containing herbal ingredients grown in the mountains of Norway, both products are said to boost energy levels and increase levels of antioxidants in the body.

Rosenroot is an adaptogenic herb that reduces the release of stress hormones. It fights fatigue, improves wellbeing and boosts energy and vitality, says Waveney. Its antioxidant properties boost the immune system and it decreases cholesterol levels, claims the company.

Fburn combines rosenroot with green tea to increase metabolism and stimulate weight loss when

taken as part of a calorie-controlled diet, says Waveney. It can be taken by young adults to help cope with hectic lifestyles, by menopausal women to balance out bodily functions and by the elderly to boost vitality, suggests Waveney.

The products have been available in Norway for more than two years and are expected to compete directly with ginseng.

For more information:

www.rosenroot.com
Price: Rosenroot £12.34; Fburn £12.94
Pack Size: 40 tablets
Waveney Health
Tel: 0870 2426035

Keeping tags on patients

Next of Kin International's Medical ID Tag range has been extended with the launch of four products covering allergies, asthma, epilepsy and heart conditions.

In the event of an emergency, the tags give details of the patient's condition and the contact details for the Next of Kin International emergency control room.

With this information, operators can put the caller in touch with the patient's family.

The new products join the Diabetes Lifeline and Medical Response tags launched in 2004. As an introductory offer, Next of Kin is offering a trade price of £4.25 giving more than 60 per cent POR.

For more information:

www.medical-id.co.uk
Price: £12.95
Sigma Pharmaceuticals
Tel: 0800 358 6601



WITH THIS
ISSUE



RETAIL SKILLS

for PHARMACY STAFF



Customer service, link selling, merchandising and stock management ...
... All key retail skills – are they

up to scratch in your pharmacy?

NEW – Retail Skills for Pharmacy Staff is a distance learning course from *Community Pharmacy/Chemist & Druggist* and Hamacher Group, supported by SSL International, to improve the general retailing skills of pharmacy staff.

It provides training on core retail areas for all pharmacy staff, especially those who have just completed an MCA training programme, and would also be suitable for recently qualified pharmacists with little retail experience.



- 10 Modules delivered monthly to *Community Pharmacy/Chemist & Druggist* subscribers
- Course materials **FREE** if collected monthly
- Cost effective – can be shared between staff
- Content based on Pharmacy Services NVQ2 – compliments product knowledge learnt in MCA courses such as Counterpart
- Fills a training gap



'In an increasingly competitive retail sector providing the right sort of customer service will help your business stand out. Augmenting on-the-job training with formal skills development will give your pharmacy a competitive edge.'

From



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The joy of Voltarol

Voltarol P Emulgel is to benefit from a £750,000 campaign through the spring, coinciding with the new season of activity-related sprains and strains.

Advertising will appear in the press, on television and on radio promoting the message that Voltarol can "help restore the joy of movement when everyday activities generate pain".

Visual aspects will show people undertaking everyday activities that can be more difficult with muscle ache or pain and having enjoyment and mobility improved by using Voltarol. The radio campaign will include on-air promotions and competitions, particularly linked into the Bank Holiday period.



The campaign has been developed by Saatchi and aims to capitalise on the Voltarol brand's 26 per cent growth, ahead of the market's 9 per cent growth (IRI All HBA Outlets, value sales 52 w/e February 18, 2006).

For more information

Novartis Consumer Health
Tel: 01403 210211

Take Comfort in Bic's adventure

Bic's on-pack promotion on Comfort 3 shavers is hoping to catch the attention of 16-35 year old men with a taste for adventure.

Promotional packs carry a code to be checked on a dedicated website. All participants will win a buy one get one free voucher for one of a range of activities such as surfing, kayaking, go-karting and wall climbing. The promotion will run until the 60,000 special packs are exhausted, says Bic.

Advertising is running in national titles such as *Nuts*, *Zoo*, *FHM* and *News of the World*.

The Bic Soleil shaver for women is running a spa-themed promotion. Packs of the triple blade razor will carry promotional codes to be checked online. Prizes include breaks at UK spas, pamper packs and packs of Bic Soleil.

Special packs will be on sale until September with advertising in lifestyle magazines. Sampling at gyms and spas is planned.

For more information:

www.bicadventures.com
www.bicsoleilpamper.com
Bic
Tel: 01895 827100

Tanning trio go hand in glove

NutriSummer is a new moisturising body lotion with a hint of self-tan from L'Oréal Paris. The product builds a golden glow or prolongs an

existing tan and can be used twice daily, says L'Oréal. Two variants are available: Fair and Medium.

Also new is Sublime Bronze Self-tanning Dry Spray Mist and Self-tanning Glove. The spray is applied with no need to rub it into the skin and colour develops within an hour. The glove offers a fast and precise method of achieving a self-tan, says L'Oréal.

Containing enough self-tan to cover the upper or lower body, the flexible glove enables even application to difficult areas such as knees and ankles. There is no need to exfoliate before application.

For more information:

Prices and pack sizes: NutriSummer £6.99; Sublime Bronze spray £11.99/150ml; gloves £10.99/4
L'Oréal Paris
Tel: 0161 655 1400

Inbrief

Enhancing lashes

XXFibre Base Coat White Fibre Mascara is being introduced this month by Miss Sporty. The product is used as an undercoat and applied under conventional mascara to boost body and volume.

For more information:

Price: £2.79
Coty
Tel: 020 8971 1300

Suncare promotion offers to follow Australia's lead

Sunsense, Australia's leading suncare brand, is being promoted this summer with a range of media activities. Marketed in the UK by Crawford Pharmaceuticals, the brand will also benefit from extended distribution.

Women's magazines will carry Sunsense's educational message to remember to use appropriate protection in the sun. Reader offers will see giveaways of kites, beachballs, scarves and other summery products. The regional press will also be used, says Crawford.

The range of high protection

products comprises Ultra SPF60+, Daily Face SPF60+, Toddler Milk SPF50+ and Sensensitive SPF60+. All products are designed to avoid irritation and allergic reactions, says Crawford, and the products are free of lanolin, PABA and its derivatives.

A high factor lip balm and a bumper 500ml pump dispenser of Ultra SPF60+ are expected to be launched in time for the main summer season.

For more information:

www.crawfordpharma.co.uk
Crawford Pharmaceuticals
Tel: 01908 262346



TV next week

Abbott Diabetes Care: Freestyle Mini: five, GMTV, Sat

Bassett's Soft & Chewy Omega 3 Vitamins: A, GMTV, Sat

Buscopan IBS Relief: C4, Sat

Canesten Duo: All areas

Cura-Heat Arthritis Pain: All areas except GMTV, Sat

Cura-Heat Back Pain: All areas except GMTV, Sat

Dulco-lax: GMTV

Just for Men: All areas

Nicorette: All areas except GMTV

Paramol: All areas

TENA Pants: All areas

Ymea: All areas except C4, five

PharmaSite for next week: Freederm – Windows, Freederm – In-store – Pepto Bismol – Dispensary

Pharmacy channel: Disability Rights Commission, National Osteoporosis Society

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Lyclear

Advertisement feature

(Permethrin)

Effective action against head lice, scabies and crab lice

Lyclear Creme Rinse

Head lice infestations are very common particularly amongst school children – it is estimated that 10% of school children catch head lice each year.

Lyclear Creme Rinse (permethrin 1% w/w) provides a quick and easy way to treat head lice and is suitable for use in people with asthma.

A single 10-minute application of Lyclear Creme Rinse is usually sufficient to clear an infestation. Treatment should not be initiated unless at least one live moving louse is found.

Lyclear Creme Rinse is the number one OTC and prescription treatment for head lice (*IRI Jan 06, IMS April 05*).

Directions: Apply to damp hair and leave for 10 minutes before washing out, then comb through to remove the dead lice and eggs.

Direct your patients to the Lice Advisory Bureau website at www.headliceadvice.net for more information or advise them to call the LiceLine on **0870 2427512**.

Lyclear Dermal Cream

Scabies is very common mostly in school children, retirement homes and similar institutions. Unlike head lice, scabies can be related to poor hygiene and is spread by direct skin contact. The mite can also survive on towels and bed linen and can therefore be picked up by sharing these items so a 60°C wash cycle is recommended.

Not as common as head lice and scabies, pubic or 'crab' lice are mainly spread by sexual contact and are most common from 16 through to early 20's when people are more inclined to be sexually active with multiple partners.

Lyclear Dermal Cream (permethrin 5% w/w) is a virtually odourless vanishing cream used in the treatment of crab lice. Crab lice are transmitted through sexual contact, and for this reason, all patients should be referred to a GU Clinic for detection of other STIs. Crab lice are found primarily in the pubic region, but may also affect other hairy parts of the body. Symptoms may include severe itching in the pubic region, black powder (droppings) in underwear, and visual evidence of the crab lice. Treatment with Lyclear Dermal Cream is simple – apply the cream to cool, dry skin on the affected areas, then wash off 8-12 hours post application.

Approximately 90% of patients are cured with a single application.

Lyclear Dermal Cream is a P licensed product and is the most prescribed treatment for pubic lice and scabies (*Source: IMS April 2005*). Direct your patients to www.pubiclice.net

For more information, please read the product leaflet or view the Summary of Product Characteristics on www.emc.org.



Graham Phillips, RPSGB Council member, answers questions on the Government's draft new legislation for pharmacy – the *Pharmacists and Pharmacy Technicians Order* published this week – and tells us why pharmacists at the coal-face should take notice

Section what?

Q. Why is the legislation being changed? What's wrong with what we have now?

A. The current Government has long been determined to reform regulation of the health professions, and we already knew the 1954 *Pharmacy Act* was in need of updating. So, when the Government turned its attention to pharmacy in 2002 the Society chose to be proactive rather than wait to have reform imposed from outside, and we replied with our own comprehensive wish-list for reform.

We have been liaising with the Department ever since to inform the drafting of the new legislation, which will take the form of an Order under section 60 of the *Health Act 1999*.

Q. What is a section 60 Order exactly?

A. A section 60 Order is a way of amending legislation that governs professional regulation without going through the full parliamentary procedures that are required for a new Act of Parliament. That's why it is also known as secondary legislation.

Nonetheless, this Order will entirely replace the *Pharmacy Act 1954*.

Q. How does it fit with the Charter?

A. As a result of discussions with the Society the DH has designed the Order to dovetail with the Society's new Charter (2004). The Charter deals mainly with the professional body functions (professional leadership and development and generally promoting pharmacists' professional interests plus the benevolence activity) and the internal ordering of the Society (for example, structures to reflect devolution in Scotland and Wales).

The Order, on the other hand, is reserved for all the things that regulatory bodies have to do by statute – including standard setting, education requirements, registration and fitness to practise.

Q. What difference will it make?

A. A very great deal! Perhaps the most crucial provisions from the Society's point of view are the long-overdue statutory reforms to our fitness to practise machinery.

Currently, the Statutory Committee's powers are almost "all or nothing" – all it can do is either issue a reprimand or remove someone from the register. The Order will



Graham Phillips: why you should take notice

give us the power to take a much more sensitive approach to each fitness to practise case.

We will, at last, have the power to look at deficient professional performance (as distinct from misconduct), and we will be able to create an appropriate mechanism for health cases. The profession has been seeking such powers for as long as I can remember!

The Order will also clarify and bring together our powers and duties in respect of pre-registration education. It will create a statutory framework for mandatory CPD for those on the 'practising' section of the register, and it will allow us to require and specify programmes of study and/or experience for practice roles and specialisations, such as pharmacist prescribers, and to annotate such roles in the register.

Q. What about devolution?

A. The other major change that the Order will bring about is the statutory regulation of pharmacy technicians in England and Wales by the Society.

Unfortunately, this won't apply to pharmacy technicians in Scotland, who will still be able to choose to register with the Society but won't be obliged to do so. This is probably the single biggest disappointment in the draft Order from the Council's point of view – but I should say that, overall, we are very pleased with the way the draft has turned out. It's well written, it takes into account the vast majority of our own recommendations for reform and it should work well for us for many years to come.

I'm really pleased to see that we've been able to influence the Government's agenda so positively.

Q. Why should I care? I don't expect to be up before a disciplinary committee any time soon!

A. For a start, modern regulation is about helping "good" pharmacists and pharmacy technicians to remain so and continually improve on our already-high standards, just as much as it is about protecting the public from the few who fall short of acceptable standards.

And in any case the Order is about much more than improvements to the Society's fitness to practise machinery.

To take just two examples, I've already mentioned the statutory CPD requirement, and the Order will also oblige all practising pharmacists and pharmacy technicians to have "adequate and appropriate" professional indemnity arrangements in force. However,

I'd argue that every one of us should care about the Society's regulatory ability, whether or not we expect to come into close contact with it ourselves.

As pharmacy takes on new roles, the level of personal responsibility we are expected to hold for patient health and safety is increasing. This is good news, but it can only work if the Government and the public feel we have a modern and robust system of self-regulation that they can trust. Self-regulation is a privilege to be earned, not a right. Not all professions enjoy this privilege but the Section 60 order confirms that, for pharmacy, this privilege continues.

Q. What can I do about it?

A. Seize the chance to have your say! This draft isn't set in stone – the Government has put the document out for a twelve-week period of public consultation (ending 19 June).

They've invited any interested individual or organisation to respond – we intend to do so on behalf of the Society but we are also encouraging people to see the 'Consultations' section of the Department of Health website at www.dh.gov.uk/Consultations/LiveConsultations/fs/en, study the proposals carefully and to make their views known.

There are several ways to do this – you can send your comments to the Department of Health direct; you can, if you wish, copy these comments to the devolved administrations and you can also send comments to us at the Society in order to inform our response. Details of how to do this, together with briefing on the proposals, can be found on the Society's website at www.rpsgb.org/section60. ☺

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Colgate Duraphat 2800ppm fluoride toothpaste is a popular and regularly prescribed medicine by dentists for patients at high risk of dental caries.

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Product Summary: Duraphat 2800 Toothpaste. Presentation: Toothpaste containing 0.619% w/w Sodium Fluoride (2800 ppm F). Indications: For the prevention and treatment of dental caries (cavities and root) in adults and children over 10 years of age. Dosage and administration: Adults and Children over 10 years of age. Use daily instead of normal toothpaste. Apply a 1cm line across the head of a toothbrush and brush thoroughly for one minute brush morning and evening. For best use and for best results don't drink or rinse for 30 minutes. Contra-indications, warnings: Individuals with known sensitivities should consult their dentist before using. Not to be used in children under 10 years of age. Over of certain medical conditions. quantities: 75ml tube, dual pack containing 2 x 75ml tubes. Legal category: POM. Product licence number: PL0049/0039. Recommended Selling Price (including VAT): 75ml tube £4.99, dual pack containing 2 x 75ml tubes £9.99. Product holder: Colgate Palmolive (UK) Ltd, Guildford, Surrey GU2 8JZ.

Money talks

Contract funding and MURs were the hot topics at this year's LPC Conference. **Gary Paragpuri** and **Asha Fowells** were there

Negotiations with the Department of Health over next year's funding for the pharmacy contract are "well advanced", according to PSNC chief executive Sue Sharpe.

Although the two bodies have

Sharpe on oxygen

- "Probably the greatest source of unhappiness this year."
- Health minister David Lammy announced the change in 2003
- Pharmacy's professionalism in helping patients appreciated locally and nationally
- Issue raised in Parliament but "that has not translated into settling the outstanding issue, minimising any losses to contractors".

yet to agree the funding level, Ms Sharpe told delegates at last week's LPC conference: "I am confident that we will not be waiting until October or November before the funding is settled, as happened under the old contract."

The negotiations will also take into account factors that could affect the contract's fair funding provision, such as costs associated with prescription volume increases, salary rises, and the rising regulatory burden, she said.

Addressing concerns that the £1.766 billion contract funding would be underspent this year due to ETP and MURs not being fully implemented, Ms Sharpe said health minister Jane Kennedy had reaffirmed the Government's

commitment to delivering the agreed level of funding.

Ms Sharpe also allayed contractors' fears that the 2,000 prescription items per month threshold for triggering contract monies would rise in line with prescription volume increases.

"We have had constructive discussions with the Department on this subject, and the Committee has agreed to support a level of adjustment well below average volume increase levels," she said.

PSNC was also keen to ensure that contractors received the agreed level of purchase profits, said Ms Sharpe, and was currently analysing a sample of invoices from independent pharmacies to check this.

Conference briefs

- 9,916 pharmacists are accredited to do MURs
- Contract's patient satisfaction survey is due 2006-07
- Staff at National Prescription Research Centre will face redundancies as ETP roll out will end manual script checking function
- PSNC will pay £100,000 into final salary pension fund this year to reduce deficit
- Legislation relating to the *Health Bill*, published last November by the DH, is expected in autumn at the earliest. If available in time, this will take up a substantial proportion of PSNC's community pharmacy conference in October.

"It became clear within the first minutes ... they would push for the lowest possible price"

Sue Sharpe



Sharpe on enhanced services

The pricing of enhanced services was a major frustration, said Sue Sharpe. There were real dangers in identifying prices for enhanced services, including:

- The value of any service locally will depend on its importance to the PCT and on alternative providers; this can have a major impact on the price that can be negotiated.
- Variations in the detailed service or documentation have a substantial affect on the actual cost of providing the service.
- It became clear within the first minutes of discussion with DH and

NHS Confederation that they would push for the lowest possible level of price, and the result, if the work was taken forward, would be prices that PCTs might take as a basis for further reducing, while requiring additional time-consuming service details.

- For the most popular services there was a vast range of prices that had been negotiated locally by LPCs. Where the locally negotiated fee was lower than the national price, the PCT could not be forced to increase the fee but, where it was higher, the PCT would be encouraged to reduce it.

Contract issues still to be resolved, PSNC tells pharmacists

Key areas of the new pharmacy contract in England and Wales still need to be addressed, the chairman of pharmacy's negotiating body has claimed.

Contract monitoring by primary care trusts, the roll out of the electronic prescription service, and medicines use reviews are all such areas, PSNC chairman Barry Andrews told delegates.

Although initial monitoring of the contract had generally been "relatively smooth", Mr Andrews said some PCTs "had not really made much of a start". He also highlighted problems with the NHS IT programme and said delays in implementation, in pharmacy getting access to health records, and in the ETP roll out had affected "not only repeat dispensing but communications with GPs and MURs".

Despite problems with MURs – such as GPs not wanting to be involved, patients failing to keep appointments, and some PCTs not wanting pharmacists to do them – Mr Andrews said the growth in MURs done was "fantastic".

More than 13,500 MURs had

been done by November last year and nearly 10,000 pharmacists had been accredited to do MURs by last week. However, Mr Andrews said pharmacists still had problems with getting support from doctors.

"Not all GPs have been welcoming. In some cases this is misunderstanding what they are; in some it is genuine problems dealing with paper reports. In some cases it is deliberate obstructionism from doctors who feel under threat," he said.



Barry Andrews: Not all GPs have been welcoming

Pills, bills and contract funding

It is impractical and unsafe for pharmacists or their staff to sort out patient returned medicines, said Durham LPC's Noel Dixon.

The task of splitting hazardous and non-hazardous waste in patient returns is not only time-consuming, but puts the member of staff at risk of needlestick injuries, said Mr Dixon, adding: "We have been tasked with a job that we cannot perform safely." As an alternative, he proposed that all returned medicines should be forwarded unsorted for disposal by waste handling companies. The resolution was carried.

Divyesh Shah, Leicestershire LPC, called on PSNC to seek to recover the costs associated with collecting NHS prescription charges. Mr Shah said he was charged 35p per debit card transaction plus a 3 per cent surcharge for credit card sales, equating to a total of 58p. "I give half my dispensing fee to the Government for handling their cash," he told delegates. His resolution, seconded by South Derbyshire's Gareth McCague, was passed.

J'accuse

David Kent, Camden & Islington Local Pharmaceutical Committee secretary, delivered a presentation entitled 'J'accuse'. Mr Kent described the new pharmacy contract's funding model as "disgracefully discriminatory" to contractors dispensing less than 2,000 prescription items per month.



Above: Noel Dixon says staff are at risk. **Below:** South Derbyshire's Gareth McCague (left) and Divyesh Shah, Leicestershire LPC, who called for PSNC to recover the costs of collecting NHS charges



Question and answer session

MURs

Sue Sharpe

Any MUR underspend this year will form part of negotiations for next year's funding. "We are optimistic we will get carry forward of that money." PCTs can use 'unspent' MUR monies as they wish but MURs are part of the national contract and every contractor, provided accredited, has the right to undertake MURs and claim payment. If contractors can agree a local underspend on MURs with their PCT, they can negotiate with the PCT to commission other pharmacy services with unspent funds.

Oxygen

Lindsay McClure

Compensation for redundant assets has been agreed with DH and will be paid at end of the transition period in June. Negotiations for compensation for sheds and vans are ongoing.

Sue Sharpe

Any breach of national contract is probably not down to oxygen companies but due to the implementation system. It's too early to say if oxygen companies have been at fault but PSNC is watching the situation. PSNC has taken the decision to press for choice in supply.

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Interest maintained

As consumer price inflation stays close to target, the Bank of England has kept interest rates on hold. **Peter Varley** reports

Although the recovery in consumer spending is still fragile, and the outlook for capital investment by business remains weak, this month's decision by the Bank of England to keep interest rates on hold at 4.5 per cent had been widely predicted.

It was foreshadowed by the latest edition of the Bank's inflation report, which signalled the judgement that consumer price inflation will remain close to the Government's official target of 2 per cent.

High street sales, on both a total and like-for-like basis, improved in February, according to the British Retail Consortium. In the latest three months, sales were up by 4.2 per cent compared with a year earlier, but excluding new selling space they rose by just 0.9 per cent compared with an increase of 1.1 per cent in January. Sales of toiletries and cosmetics picked up, helped by Valentine's

Day, and premium brands are also reported to have sold well.

In contrast, sales of vitamins and medicines are described as "largely flat", despite a modest upturn in cough and cold remedies and analgesics.

The BRC February monitor of shop prices shows a yearly fall overall of 0.7 per cent, with non-food prices down by 0.9 per cent – the tenth consecutive month of price deflation in the sector. In January the official retail price index for chemists' goods rose 0.6 per cent, and increased by 1.0 per cent annually.

Further back in the price pipeline, UK manufacturers' input costs rose by 15 per cent in the year to February, although their selling prices were up by only 2.9 per cent.

Results of an earlier survey by the CBI, which covered the first half of February, reveal that a balance of 18 per cent of retailers

achieved lower sales volumes than 12 months earlier. However, the underlying sales trend improved and a more modest decline was expected in the year to March.

Annual volumes were down for a net 26 per cent of chemists, the CBI says. This is a significant worsening on the 17 per cent reporting lower sales in the year to January. The three-month average annual decline increased to 17 per cent of retail chemists in February, from 14 per cent in January. In February last year 40 per cent of chemists experienced an annual downturn in volumes.

Newly published official figures

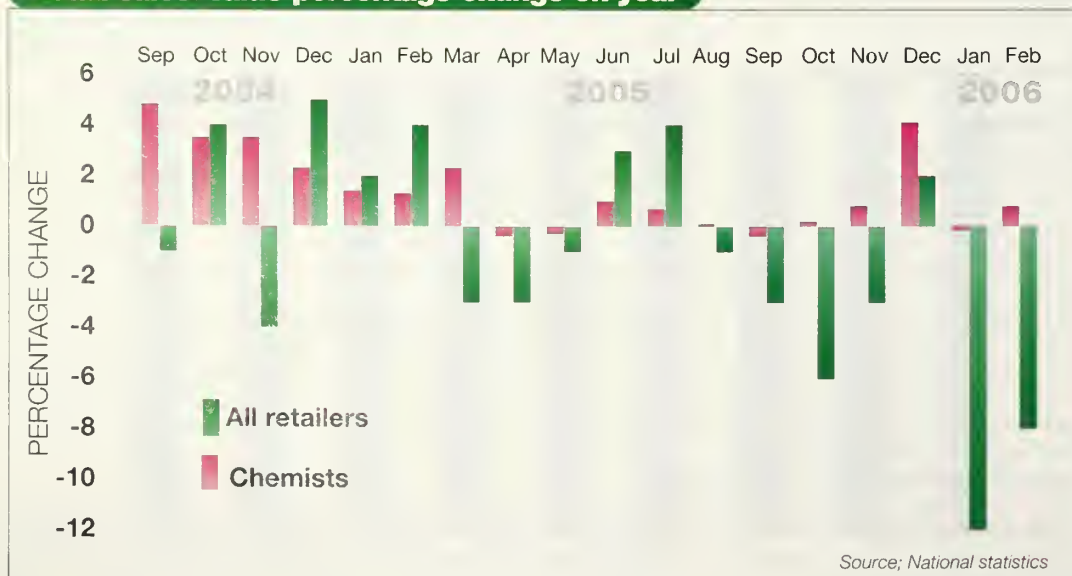
show that the volume of sales by chemists in February was 8 per cent lower than a year earlier, and follows a drop of 12 per cent in the year to January. In value terms, sales were also an estimated 8 per cent lower than in February 2005. In the three months to February the average volume of sales was 6 per cent lower than at the same time a year earlier, compared with a fall of 4 per cent in the three months to January.

New evidence from market researcher Mintel is that some 68,500 new products were launched in the non-food FMCG sector last year, led by cosmetics, skincare and haircare. So-called brainpower products containing omega 3, and 'advanced technology wrinkle management products', are expected to "explode onto the market".

But firms offering personal care services, including beauticians, are continuing to face weakening demand, according to the latest CBI/Grant Thornton survey, and profitability and confidence have taken a turn for the worse.

There was little in the February poll of consumers by GfK NOP to indicate that their confidence is very robust. The overall index edged lower, after picking up in recent months, but the sub-indexes of perceptions about personal finances and the economy improved, at the cost of a deterioration in the index of major-purchase intentions. ☹

Retail sales: value percentage change on year



Enter Number 10

Anne Hutchings looks at what the Chancellor's tenth and possibly last Budget might mean for you

Described by Gordon Brown as "A Budget for Britain's Future", the focus was largely on education, sport and the environment. With NHS job cuts and cash crisis now threatening patient care, it was surprising to find no mention of future health service funding. The Chancellor teased us with talk of tax cuts and then ruled this out in favour of "investment in the national interest".

Some of you may have been relieved that there were no massive tax increases in the Budget, but we are already a very highly taxed population. Since Labour came to power the increase in tax has been calculated as the equivalent of £9,000 per household.

Budget highlights

Will you be better off following the Budget? This largely depends on whether you drink, smoke and/or drive a gas-guzzling car.

Broadly, tax thresholds and allowances have been increased in line with inflation. A single person with no children earning between £10,000 and £30,000 should be better off by around £54. Those earning more than £40,000 should benefit by £163. This assumes you don't drink, smoke or run an expensive car. **Families and tax credits** The people who are likely to benefit most from the Budget are those with children. Changes in child benefit and child tax credits will mean that families with two children earning up to £425 per week will have no income tax liability. This will remove around 3 million of the 7 million families with children from the tax net.



Rubber stamped: The Chancellor reduced tax from 17.5 to five per cent on contraceptives, in line with Superdrug's 'sex tax cut' campaign to reclassify condoms as an essential rather than a luxury item. A Treasury spokesman said: "This VAT reduction fits with and enhances broader Government measures in this area, and will support people in making better decisions for the protection of their own health." Euan Sutherland, Superdrug managing director, added: "We are delighted that the Treasury has heeded our calls to make a change in the VAT classification for condoms."

This may seem generous but one has to wonder if it is the result of the mess the Revenue is in with the tax credit system. Millions of pounds of credits have been overpaid to families who cannot afford to repay them.

Child trust fund accounts are to get an extra £250 or £500 for low income parents when the child reaches 7 years of age. Since the child trust funds were set up in 2002, 1.5 million accounts have been opened.

Business tax

Corporation tax Pharmacists running their business through a limited company should be aware that the Government has again moved the goal posts. In 2002 the starting rate for corporation tax was reduced to nil. It has now had second thoughts on this, claiming that a significant number of small businesses incorporated solely for tax reasons!

The result is the reinstatement of corporation tax on all profits. However, there are still significant tax savings available to company owners so it will be interesting to see what they do next.

Capital allowances for small businesses The rate of first year allowance for capital expenditure by small businesses on plant and machinery is increased from 40 per cent to 50 per cent for a period of one year from April 1, 2006, for companies and from

April 6, 2006, for businesses subject to income tax.

Inheritance Tax This is currently charged at 40 per cent on assets exceeding £275,000 when you die. The threshold will increase from £275,000 to £325,000 by 2009/2010. For most people their biggest asset is their home and with spiralling house prices this meagre increase will do little to help.

If you have not already done so make a will and, most importantly, make sure it is written in a tax efficient way.

I have covered only a few of the measures included in the Budget. There is a more detailed summary on my website. ☺

Anne Hutchings of Hutchings & Co is a specialist accountant and tax consultant for retail pharmacists
Tel: 01494 722224
www.pharmacyexperts.com

Economic forecasts for 2006/07

Growth (Gross Domestic Product)	2-2.5%
Health Spending	£96 billion
Government Spending	£552 billion
Public Sector Year End Net Debt	£493 billion
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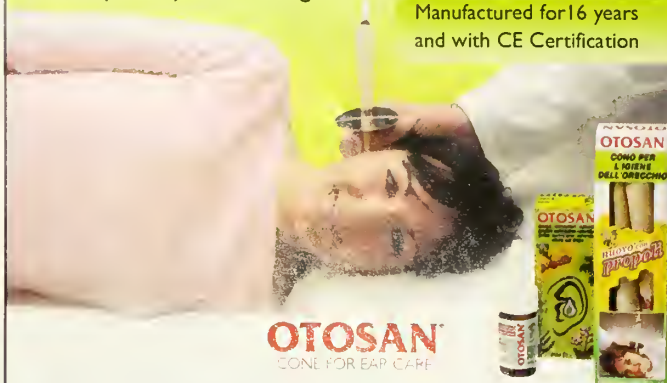
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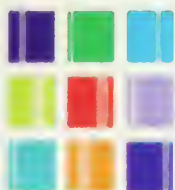
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Back ISSUES

Camera,

lights, action

Co-op Pharmacy on Town Street, Beeston in Leeds, is taking a starring role at the city's Courtyard Theatre within the West Yorkshire Playhouse.

The interior of the pharmacy, photographed by Keith Pattison, provides a backdrop to a scene in a new play by local playwright Mark Catley, which runs until April 1.

The play, *Scuffer*, is set in and around Beeston and is the story of a "debt-ridden drop-out

world thinks". It also features scenes in front of backdrops filmed in a pub, railway station and Leeds City Art Gallery.

Co-op pharmacist at Beeston, Martin Lewis and his colleagues have been offered tickets. "We're looking forward to seeing it," he said. "It should be really good, and it'll be very interesting to see how the branch looks when it's projected onto the stage."

Food for thought

The date of this year's PSNC dinner (with its free flowing vino) coincided with the Budget statement.

Noting this, PSNC chairman Barry Andrews claimed it was "a masterstroke of forward planning. How many organisations manage to hold their Annual Dinner within hours of the Budget Speech, but before excise duty increases take effect?" he asked.

"You can see that PSNC takes its job of financial negotiation extremely seriously."

His principle guest Jane Kennedy, had the unusual honour of speaking to a room of vocal pharmacists. Her wanderings off the approved script - especially over the oxygen shambles - may have raised a frisson of panic in her personal secretary, especially when met with rumblings of discontent.

Pity, the minister then, when she had moved onto the slightly less contentious area of the electronic prescription service. Just as she pointed out that any delays would be thoroughly investigated, the fire alarm went off.

It was almost like old times. How often had speeches been ruined when the PSNC dinner took place at the Queen Elizabeth II Centre, just a division bell chime away from the great Palace of Westminster?

Down to a tee

If you fancy your chances as a budding Tiger Woods or Michelle Wie, you might like to join Nucare's exclusive annual golf tournament, which starts at a club near you in May.

Sponsored by Teva and Alpharma, Nucare's Golf Tournament - open only to Nucare members - comprises a mixture of regular and new venues.

The first is Shirley Park Golf Club in Croydon, Surrey on Thursday, May 25.



Mentmore Golf and Country Club near Leighton Buzzard plays host on Thursday, June 15, with Abbey Hotel and Country Club, north of

Redditch, taking part on Wednesday, June 28. The first six qualifying players from each regional event will progress to the final at Menzies Welcombe Golf Course in Stratford-upon-Avon on Wednesday, September 13. The Gala Golf Dinner and overnight accommodation will be at the Holiday Inn, Stratford.

Call JMS Events on 01925 264266 to guarantee your place on the green.

Dispensing technician is soul diva for a night to aid cancer charity

Bev Liptrot, a 43-year-old dispensing technician at the United Co-op Health Care pharmacy in Castleton, near Rochdale, has realised a lifetime's ambition by singing in public for the first time, in aid of Cancer Research UK.

Accompanied on the grand piano, Bev sang a compilation of songs from Gladys Knight, Diana Ross and Aretha Franklin at the Avant Hotel in Oldham.

The gig was part of a year of charity fund raising for Bev and friends who raised almost £2,000 for Cancer Research UK in memory of their friend, Colin Smith-Markl, who died from the disease last year.

Commented Bev: "I really enjoyed my big night and I'm very grateful to United Co-op Health Care for sponsoring it, but the most important thing was to do my bit towards beating cancer."



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